

63-041778

**AMENDED**

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10279

STATE FILE NUMBER

~~FILED OCT 24 1963~~

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY <i>Bel Ridge</i> OR TOWN	
Length of stay in 1b <i>20 days</i>		Inside Limits Reside <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Alexian Bros Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>8755 Natural Bridge Road</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <i>James</i>	Middle <i>Richard</i>	Last <i>Marsh</i>	4. DATE OF DEATH	Month <i>October</i>	Day <i>13</i>	Year <i>1963</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4/10/81</i>	9. AGE (last birthday) <i>82</i>	IF UNDER 1 YEAR		IF UNDER 24 HR	
					Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Retired Truck Driver	Self employed	Marshall Missouri	U.S.A.

13a. FATHER'S NAME <i>Charles W. Marsh</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Barnett</i>	14. NAME OF HUSBAND OR WIFE <i>Bertha Marsh</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT Address
no	none	Bertha Marsh 8755 Natural Bridge Road

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>Delayed Subarachnoid Hemorrhage</i>	<i>1 wk</i>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b) <i>Constrictive Heart Failure</i>	<i>1 wk</i>
	DUE TO (c) <i>arteriosclerosis general</i>	<i>5 yrs</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

*Berigan Hypertrophy of Uterus*

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  4500

20c. TIME OF INJURY	Hour a.m. p.m.	Month; Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 5/1/63 to 10/13/63 and last saw her alive on 10/13/63.  
Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>A. J. Campbell</i>	(Degree or title)	22b. ADDRESS <i>150 v St Louis ave</i>	22c. DATE SIGNED <i>10/10/63</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
Removal	Oct 16, 1963	Lima Cemetery	Lima, Illinois	

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Shepard	Chapel 9255 Natural Bridge Road	OCT 15 1963	Neal Smith CR

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

[illegible]

## INSTEAD OF

DATE AMENDED

**DOCUMENT**

**BY AFFIDAVIT OF**

## MEDICAL CERTIFICATION

If this body is not embalmed, fact should be so stated above.